

Asylum Notes.

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James Murray's Royal Asylum, Perth. Sixty-fifth Annual Report.

The home treatment of insanity gains favor year by year. Not of the ancient type—the unintelligent imprisonment of a lunatic in the least desirable room of the house; but the rational adoption of means that have been approved in the best hospital experience.

Efforts to differentiate the wards should be the aim; sink the institution in the home, in so far as is practicable.

Experience shows the house principle of management is of benefit. The houses are complementary to the main asylum, and for a considerable period have been successful financially and beneficial to patients and staff.

There can be no doubt that the margin of cure and contentment is thus enlarged.

Nurses and Attendants.—It is possible that in architecture and in every routine of asylum management the high water mark has been reached. It is now in the domain of scientific research and educated nursing that further progress must be made. It is not the part of the superintendent to decry the faithful services of the many hundreds of attendants and nurses doing worthy and unobtrusive work in the asylums of the world, but the difficulty of obtaining the best kind seems to be perennial. This is a difficult problem.

Sheppard Asylum, Baltimore. First Annual Report. *E. F. Brush, M.D., Superintendent.*

Voluntary Admissions.—Dr. Brush says he firmly believes that voluntary commitments should be encouraged. Such a course is one of the methods by which that particular dread and horror of an asylum, which seems to have taken such deep root in the popular mind, can be eradicated. To name places for commitment of the insane, “hospitals” will not accomplish this desirable end. They are still receptacles for the insane, call them what you will, but when, as in a general hospital, people seek their care and treatment, then in name and function will they be “hospitals” in the broadest sense of the term.

Training School for Nurses.—No matter how well

equipped in the matter of buildings and all the appurtenances which go to make up a well appointed asylum, no matter how competent and enthusiastic in their work the medical staff may be, no institution of this character exists which does not, after all, depend very much for the comfort of its inmates, and the success with which they are managed, upon its nursing staff.

Long Island Home, Amityville, N. Y. O. J. Wilesey, Superintendent.

Under the new management some improvements have been added in the way of increased accommodations and classification. Bearing in mind that many insane need enforced quiet and rest, still there is a tendency in hospital life to listless monotony which must be overcome; and, with this object in view, the patients are assembled for evening entertainments, taken for a drive, and furnished other recreations, including a regular course in calisthenics.

First Hospital, Saint Peter, Minnesota. Seventh Biennial Report, 1892. C. K. Bartlett, Superintendent.

Partial Report of Autopsies.—S. E., No. 5866. Female. Born in Sweden and, but recently came to this country. Age, twenty-seven years. Married, and six months pregnant with her first child. No family history obtainable. Mental disturbance first manifested six weeks before admission by self depreciation and attempts at suicide. When admitted could not speak above a whisper on account of destructive disease of the larynx caused by taking lye with suicidal intent. She was depressed and deluded, believing her husband no longer loved her, and on this account attempted suicide. Later, she heard voices commanding her to take her life, and she insisted on doing so. She was noted to have some elevation of temperature with hurried respiration, about two weeks after admission. Examination disclosed the end of a darning needle protruding in the sixth interspace of the left side, two inches outside of the nipple line. The needle advanced and receded at each impulse of the heart. The needle was four inches long and had been in this position two days. Temperature 102.3, pulse 130, respiration 35. The next day she miscarried. In the morning her temperature, was 103, pulse 140; but after the miscarriage her temperature fell to normal and she appeared much better. Her respiration did not improve; the next day her heart's action became labored and violent, and respiration "Cheyne-Stokes" in character. Temperature rose

to 104. She died during the next day, having become comatose during the night.

Autopsy.—(Notes from). Purpuric spots on arms, chest and legs.

There was a punctured wound, made by the darning needle in the chest; the needle had passed through the chest wall into the abdominal cavity, along the anterior surface of the greater curvature of the stomach, making two abrasions of its peritoneal coat on its way inward and upward, finally piercing the diaphragm, transfixing the apex of the heart, and just entering the cavity of the left ventricle. The process of repair had commenced in the heart muscle; organized clots were found in right auricle extending into the pulmonary artery and in left ventricle.

E. M. E., No. 86. Female.—Admitted 1867. Native of Germany; age, 45 years; married; six children, four living. Had chronic delusional insanity for five years before admission. One sister insane.

Before admission, developed delusions regarding her identity; believed she was a man; habits, etc., were in conformity with this belief. During excitement killed two of her children. On admission was careless, filthy in habits, masculine in appearance and ways. Became quiet and orderly, excepting at intervals was excited. At times complained of rheumatism, and would remain in bed for several days at a time. In 1891, a hard growth under the skin in left pectoral region developed, also a tumor over the trachea below the larynx, and apparently involving the thyroid isthmus. The former growth was removed and proved to be a calcareous tumor, oval in shape, three inches in long diameter and one and one-half inches thick. She recovered nicely from operation, but later began to grow weaker, developed pulmonary œdema from which she died.

Notes from Autopsy.—A thrombosis was found at the bifurcation of the middle temporal artery on the left side. The whole of the superior and middle temporal convolutions were softened, the softening being most marked in the white matter involving principally the superior temporal convolution and insula. Also the first, second and third occipital convolutions. The pia on both sides of the brain was distended with fluid over the temporal and parietal lobes. No lesion nor disease was found on the right side of the brain. The woman was left-handed, and she was able to articulate distinctly and answer questions put to her until within a few hours of death.